



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

February 5, 2008

Dollie Wallace, Administrator
Spring Creek Manor V, LLC - Special Care Unit
187 E Calderwood Avenue
Meridian, ID 83642

License #: RC-870

Dear Ms. Wallace:

On December 4, 2007, a complaint investigation survey was conducted at Spring Creek Manor V, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Debbie Sholley", is written over a horizontal line.

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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December 18, 2007

Dollie Wallace, Administrator
Spring Creek Manor V, LLC - Special Care Unit
187 E Calderwood Avenue
Meridian, ID 83642

Dear Ms. Wallace:

On December 5, 2007, a complaint investigation survey was conducted at Spring Creek Manor V, LLC - Special Care Unit. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 5, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'JS' followed by a long horizontal stroke.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure



IDAHO DEPARTMENT OF HEALTH & WELFARE

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December 18, 2007

Dollie Wallace, Administrator
Spring Creek Manor V, LLC - Special Care Unit
187 E Calderwood Avenue
Meridian, ID 83642

Dear Ms. Wallace:

On December 5, 2007, a complaint investigation survey was conducted at Spring Creek Manor V, LLC-SCU. The survey was conducted by Diane Schafer, RD, Polly Watt-Geier, MSW and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003269

Allegation 1: The family of a resident was not given a 30 day notice of discharge.

Findings #1: Based on record review and interview, it was shown that a resident was discharged from the facility without a 30 day notice provided to the family or representatives.

On 12/04/07 at 2:00 PM, the administrator reported that there was a family meeting on 8/27/07 at 4:15 PM in which it was identified that the resident's level of care had exceeded the facility's ability to provide care. She provided a written record of this family meeting that was documented under progress notes. It recommended that the resident be transferred to a skilled nursing facility and a written list of appropriate facilities was provided. It was recommended that the transfer be completed no later than Friday.

Conclusion #1: Substantiated. However, the facility was not cited as they acted appropriately by notifying the family that the resident was above the level of care for this facility and therefore did not require a 30 day notice of discharge.

Allegation 2: The facility did not provide adequate supervision to residents at night.

Findings #2: Based on record review and interviews, it was determined that the facility had not provided adequate supervision because there had been several residents who previously required assistance with night needs.

Dollie Wallace, Administrator
December 18, 2007
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Review of 3 closed resident records revealed that all 3 residents required extensive assistance at night. Review of 4 current resident records revealed that 3 of them were on toileting schedules and 2 residents were on 2 hour checks.

On 12/05/07 between 8:30 AM and 9:35 AM, 2 caregivers were interviewed who worked the night shift. One of them stated that it had been difficult previously meeting resident needs during the night shift. She also stated that they currently do not have residents with extensive night needs. The second caregiver stated 3 of 15 residents require assistance at night and she has no difficulty meeting their needs. On 12/05/07 at 8:50 AM, the administrators confirmed the resident's night needs had decreased and only a few had toileting needs at night.

Conclusion #2: Substantiated. However, the facility was not cited as they acted appropriately by decreasing the number of residents with extensive night needs.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,


DEBBIE SHOLLEY, LSW

Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Debra Sholley, Health Facility Surveyor, Residential Community Care Program



IDAHO DEPARTMENT OF
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BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Spring Creek Manor II, SCU</i>	Physical Address <i>187 E Calderwood Avenue</i>	Phone Number <i>(208) 884-6199</i>
Administrator <i>Dollie Wallace</i>	City <i>Meridian</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>Dobbie Sholley</i>	Survey Type <i>Complaint Investigation</i>	Survey Date <i>12/5/07</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	221.04	The facility did not give written notice of discharge to resident #6 or her representatives. Rescinded 12/17/07 DS		
2	225.01	The facility did not identify or evaluate resident #5's exit seeking behavior		1/15/08 DS
3	225.02	The facility did not develop an intervention for exit seeking behavior for resident #5 (BMP)		1/15/08 DS
4	350.01	The facility staff did not notify administration of the incident(s) with resident #5 leaving the facility or exit seeking.		3/4/08 DS
5	711.01a	The facility staff did not document in the care record the dates and times of resident #5's exit seeking behavior		1/15/08 DS

Response Required Date <i>1/5/08</i>	Signature of Facility Representative <i>Dollie Wallace</i>	Date Signed <i>12-5-07</i>
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